## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC	
	C C00484642
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mission Control, Inc.	M   M / D   D / Y   Y   Y   Y   Y   Y   Y   Y   Y   Y
Mailing Address 114A Mansfield Hollow Rd	10 06 2014 Amount
City State Zip Code	30749.45
Mansfield Center CT 06250-1316	Transaction ID: VN7GB9WCM08  Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Joni Ernst Oppose	President X Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	Data of Dishumament or Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	30749.45
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
(b) 101A2 macponation Exponditures	30749.45
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Rebecca Lambe	M / D D / Y Y Y Y
[Electronically Filed] Date Signature	0 08 2014
Oignaturo	